

## Issues brought forward to DHHS from the DHHS Waiver Advisory Committee Membership

Issues related to lack of standardization of MCO process		DATE: February 28, 2012		
Issues		LME if known	Action Taken	Issue Closed Out / Resolved
1	Applications for MCO enrollment vary significantly in expectations, including insurance requirements, subrogation of worker's comp, requirements for Board members driver's licenses	WH, ECBH, Sandhills	Standardized application in process. Should be available for 6 MCOs coming in 1/2013. <b>UPDATED:</b> DMA planning to send out final by next Friday to all the LME-MCOs for providers.	
2	Requests for provider credentialing are redundant and extensive	PBH, ECBH, Sandhills WH	Currently exploring WH approach that is URAC and NCQA approved. <b>UPDATED:</b> DHHS has talked with the Council of Community Programs and at this point we are talking about using CAQH standardized credentialing tool for LIPs. DHHS is also talking with CSC (DMA Provider Enrollment Agent) about getting the LME-MCO provider information already enrolled in DMA as a Medicaid provider to assist with the LME-MCO with DMA providers already enrolled with DMA to reduce the redundancy information collection.	

3	Billing systems are different	All	<b>NEW:</b> DHHS is aware issue at this point there are three different IT systems with the eleven LME-MCO also recognizing there is standardized transaction billing format for which all LME-MCOs and providers should be using 5010 HIPAA compliance.	
4	Fidelity to PBH is the goal. PBH does not have CABHAs. Are other LMEs required to have these?	All	<b>NEW:</b> Yes. PBH has CABHA's agencies in their network. LME-MCOs starting up are required to bring in provider agencies, CABHAs included, into their provider network that are in good standing prior to their go live date.	
5	PBH allows more than 2 90801s as long as they are prior authorized. The state does not. What will MCOs be required to do?	All	<b>NEW:</b> The minimum is to following the State Plan and LME-MCO can be less restrictive, say for example to provide more, but cannot be more restrictive that what is required in the State Plan.	
6	Subrogation of Workers Comp - required by WH, but not others	WH but not others	<b>NEW:</b> DHHS may require more clarity to this question. Section 7.6 in the LME-MCO contract with DMA classifies the insurance required of all providers.	
7	Requests for ICF paperwork that is not needed, i.e. hab plans.	WH but not others	<b>NEW:</b> DHHS may require more clarity to this question.	
8	Community Guide definition - PBH does not have a fire wall between community guide and provision of services but WH does. Is that allowed?	WH	<b>NEW:</b> Community Guide is deemed as a service definition not provided by the LME-MCO.	

9	<b>NEW FROM COMMITTEE MEETING:</b> What is the status of the Wake & Durham merger and where does that leave Johnston and Cumberland Counties?	Wake, Durham, Johnson, Cumberland	<b>NEW:</b> Durham and Wake are in Merger discussion planning to officially merge July 1, 2012. Johnston and Cumberland will be partners connected by an inter-local agreement with the new merged entity.	
10	<b>NEW FROM COMMITTEE MEETING:</b> When are the rules for CABHAs going forward?			
11	Reciprocity: Most LMEs have asked if this can be approved. Where are we in this process, and will it likely be approved?	all		
12	LMEs becoming MCOs are expecting applications back before July 1. What is the status of the standardized application?	all		
13	of Care Coordination and IU #94 and Special Medicaid Bulletin; interpretation is that provider is responsible for PCPs, which is not the PBH model: See attached update	ECBH		
14	WH has till not paid ICF providers who had their applications in on time. When they pay, they indicate it will be a paper check. The ability to process claims is present, but not the ability to put locator codes, etc in a timely fashion into their system.			
15	WH has not yet paid some psychiatry practices either. The practices are able to bill, but have not been paid.			
16	LMEs need to be respectful of timeframes needed to process info.			

17	<p>1) Timing of the application due dates and processing will most likely also prove to be an issue. Western Highland applications were due back in July of 2011 for a January 2012 effective date. They were unable to process these applications in time for this effective date even with months of processing time. Smokey Mountain and Sandhills are set to go live 7/1; the Sandhills applications were just posted in January and were due by 3/1. This only leaves 4 months for processing time- Western Highlands couldn't do it in over 5. Smokey Mountain applications were just officially rolled out in Mid February and are due by 4/1- less than 3 months for processing. PBH rolled out new counties and their average time for processing ballooned from 90 to 180. This means that clinicians actively accepting Medicaid clients will stop receiving payments.</p>			
18	<p>1) Providers that work in one or multiple agencies also need to be linked to each agency's group with the LME since they do their own billing. So far we've seen that the LMEs have different requirements. Western Highlands allowed ACT to submit the original application, and then any agency a provider worked with could submit a copy of the original application with a note that this provider would also bill through their agency. ECBH did not allow this- they made us turn in two separate and original applications, evaluations, etc for every location the provider needed to be linked to. This is time consuming and repetitive. Ideally, these LMEs should understand that individuals may work in more than one agency/facility, etc and they should have some kind of protocol in place for this. It is fairly standard with insurance companies that if a clinician has already been credentialed and has a number, linking is a one page request. For this purpose, we suggest either allow us to submit copies of the original application, or allow the agency to submit a letter to the LME noting that the credentialing process is already in place for "provider X" and that when credentialing is complete, to please add them to both groups.</p>			

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